|     | OUTDOOR DINING  |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|
|     | Zoning Ordinance Section 11-513(M)  |  |  |  |  |  |  |
|     | Qualify for Administrative Review?  |  |  |  |  |  |  |
|     | Is the proposed outdoor dining accessory to an approved indoor restaurant?  Yes No  |  |  |  |  |  |  |
|     | Will the hours for outdoor dining be the same as those approved for the indoor restaurant? Yes No   |  |  |  |  |  |  |
|     | Will the outdoor dining have 20 seats or fewer? ✓ Yes No  |  |  |  |  |  |  |
|     | Will live entertainment be <b>prohibited</b> from the outdoor seating area? Yes No  |  |  |  |  |  |  |
|     | Will advertising be <b>excluded</b> from the outdoor seating area? ✓ Yes No   |  |  |  |  |  |  |
|     | Will an employee be assigned to the outdoor dining area to make sure it is cleared and washed at the close of each business day? Yes No   |  |  |  |  |  |  |
|     | If yes to all questions, the business qualifies for administrative review. If no to any question, speak to P&Z staff  |  |  |  |  |  |  |
|     | about the full SUP process. A layout plan must be reviewed and approved for the outdoor dining.   |  |  |  |  |  |  |
|     | Note: This process does not apply to businesses within the King Street Retail Overlay. Please speak to P&Z staff  |  |  |  |  |  |  |
| 34/ | about a different administrative process for outdoor dining.  ORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.   |  |  |  |  |  |  |
| 00  | PART OF APPROVED INDOOR RESTAURANT  |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
|     | Outdoor dining must be connected to an approved indoor restaurant.  |  |  |  |  |  |  |
|     | What restaurant is the outdoor dining connected to?   |  |  |  |  |  |  |
|     | The patio space is located adjacently located next to our warehouse space.  |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
| Ì   | HOURS   |  |  |  |  |  |  |
|     | The hours of operation for the outdoor dining must be the same as permitted for the indoor  |  |  |  |  |  |  |
|     | restaurant, unless there is a neighborhood standard for a different time. In the NR (Arlandria), Mount Vernon Avenue Overlay and West Old Town neighborhood areas, outdoor dining shall be closed and |  |  |  |  |  |  |
|     | cleared of all customers by 10pm Sunday through Thursday and by 11pm Friday and Saturday.   |  |  |  |  |  |  |
|     | What are the proposed hours for the outdoor dining?   |  |  |  |  |  |  |
|     | what are the proposed hours for the outdoor drining:  |  |  |  |  |  |  |
|     | 49 marking out  |  |  |  |  |  |  |
|     | 19 Springur   |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
|     | LOCATION ON PRIVATE PROPERTY  |  |  |  |  |  |  |
|     | Outdoor dining, including seats, planters, wait stations and barriers, must be located on private property unless authorized by an encroachment ordinance.  |  |  |  |  |  |  |
|     | Will the outdoor dining be located only on private property?  |  |  |  |  |  |  |
| 11  | What steps will you take to ensure that components, such as planters and barriers, do not encroach onto the public sidewalk?  |  |  |  |  |  |  |
| - 1 | Yes. Patio will be located in a consolidated corner which abuts our loading area and is no located near a public sidewalk.  |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |

| NUMBI           | ER OF SEATS   |
|-----------------|---|
| <b>V</b>        | Only 20 seats may be located at outdoor tables in front of the restaurant.  |
| How ma          | any seats will be included in the outdoor seating?  |
|                 |   |
| ALCOHO          | DL SERVICE  |
| <b>√</b>        | Alcohol service, to the extent allowed for indoor dining, is permitted; no off-premise alcohol sales are permitted.                 |
| Is on-pr<br>no. | emise alcohol service proposed?   |
|                 |   |
| OUTDO           | OR DINING PLAN  |
| 30.00           | Please submit a detailed plan with your application   |
|                 | A plan for layout of the outdoor dining must be submitted for review and approval by the director. The                              |
| 4               | business must maintain compliance with the approved layout. Any changes to the approved layout may require further review by staff. |

Complete the Administrative Special Use Permit Application on the following pages.

| SUP# |  |  |
|------|--|--|
|      |  |  |



## Administrative Special Use Permit Application

| Alexandria VA 22314  |
|--|
| 079.01<br>REFERENCE:   |
| Business/Trade Name: Virginia Ciderworks Company LLC   |
| KANDRIA VA 22301   |
| Email:   |
| Restaurant Outdoor Dining (exclude King Street Retail Live Theater Outdoor Food and Crafts Market Center Outdoor Display Massage Establishment |
| nd the requirements for the use for which I am use.  |
|  |

Site Plan - At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan - At a minimum, show and label all interim features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

| SUP# |  |  |  |  |
|------|--|--|--|--|
|------|--|--|--|--|

| PROPERTY OWNER'S  | AUTHORIZATION                                     |  |  |  |  |
|---|---|--|--|--|--|
| As the property owner, I hereby grant the applicant use of (property address), for the purposes of operating a  |   |  |  |  |  |
|   | (use)   |  |  |  |  |
| business as described in this application.  I also grant permission to the City of Alexandria to visit, insperproperty.   | ct, photograph and post placard notice on my      |  |  |  |  |
| Name: Steve Schwendinger  | Phone 301-996-2943                                |  |  |  |  |
| 1850 M Street, NW<br>Suite 820  | CTCVC CCUMCNIDINGED & DEDCE LICEDO COM            |  |  |  |  |
| Address: Washington, DC 20036   | Email: STEVE.SCHWENDINGER@PERSEUSTDC.COM          |  |  |  |  |
| Signature: Weish  | Date: 8/5/19                                      |  |  |  |  |
| 1. The applicant is the (check one):  Owner  Contract Purchaser  Lessee or  Other:  of the subject property.  State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.  CARLYLE CORNER LLC - C/O PERSEUS REALTY LLC 1850 M STREET  WASHINGTON DC 20036 - 10% owner  Carlyle Corner Holdings LLC c/o ELV Associates Inc 21 Custom House St. Ste. 700 Boston MA. 02100 - 90% Owner |   |  |  |  |  |
| If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?   |   |  |  |  |  |
| Yes. Provide proof of current City business license   |   |  |  |  |  |
| No. The agent shall obtain a business license prior to  | filing application, if required by the City Code. |  |  |  |  |

## **USE CHARACTERISTICS**

2. Please give a brief statement describing the use:

We are proposing a patio use located adjacent to our warehouse space to be used for outdoor space for customers. The cidery will continue to operate normally inside our warehouse space.

3. Please describe the proposed hours of operation:

| Days  | Hours |
|-------|-------|
| Daily |       |

Or give hours for each day of the week

| Monday    | 4-9pm     |
|-----------|-----------|
| Tuesday   | 4-9pm     |
| Wednesday | 4-9pm     |
| Thursday  | 4-9pm     |
| Friday    | 4-10pm    |
| Saturday  | 12pm-10pm |
| Sunday    | 12pm-10pm |

- 4. Please describe the capacity of the proposed use:
  - A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

The patio will be fairly straight forward with garden style tables and standing room wine barrels. The area will be roped off and tented for bad weather purposes.

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

5. A. How many parking spaces of each type are provided for the proposed use:

| 27         | Standard and compact spaces   |
|------------|-------------------------------|
|            | Handicapped accessible spaces |
| Approx 100 | Other                         |

| SUP# |  |  |
|------|--|--|

| В. | Plages | oive | the | number | Λf  |
|----|--------|------|-----|--------|-----|
| В. | Please | SIAG | une | number | OI: |

Parking spaces on-site 27

Parking spaces off-site 100

If the required parking will be located off-site, where will it be located?

We have parking within our parking lot as well as street parking and a separate large parking lot behind our building with approximately 150 spaces.

- 6. Please provide information regarding loading and unloading for the use:
  - A. How many loading spaces are available for the use?

We currently operate out of two loading docs.

B. Where are off-street loading spaces located?

Adjacent to our warehouse bay.

C. During what hours of the day do you expect loading/unloading operations to occur?

7am-6pm

D. How frequently are loading/unloading operations expected to occur per day or per week?

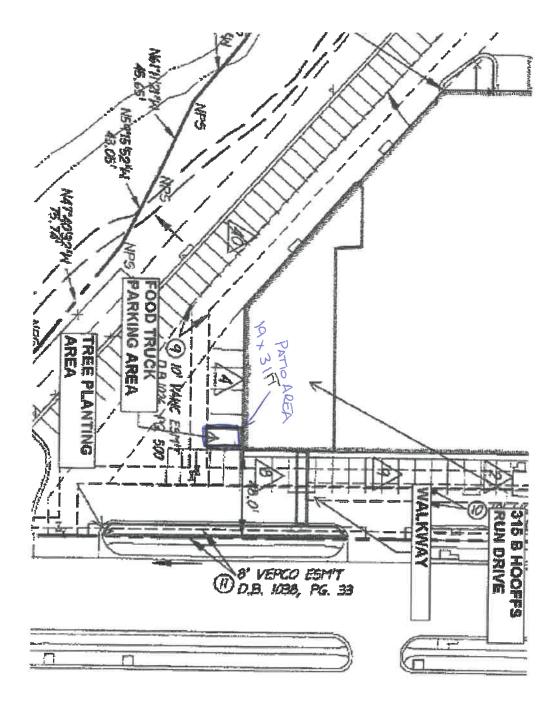
1-2x/week

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

N/A

## APPLICANT'S SIGNATURE

| Please read       | and initial each statement:  |  |     |
|-------------------|--|--|-----|
| Initial: TW       | <del>-</del>   | applies for a Special Use Permit in accordance with 11-500 of the 1992 Zoning Ordinance of the City of | the |
| Initial: TW       | Initial: TW THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia. |  |     |
| TRISTAN WRIGH     |  |  |     |
| Print Name        | of Applicant or Representative   |  |     |
| Tristan           | ı Wright   | 8/5/19   |     |
| Signature         |  | Date   |     |
|                   | cation is being filed by someone case provide the information below  | ther than the business owner (such as an agent or ow:  |     |
| Representativ     | e's Address:   |  |     |
| Phone:            | 4865   |  |     |
| Email: tristan@lo | ostboycider.com  |  |     |
| Fax.              |  |  |     |



PATIO IS 19FT x 31 FT
NO LOSS OF PARKING SPOT. THE DREA IS CURRENTLY
UNMARKED & UN USED SPACE.